

Thanks for tipping, Kit

Here's your updated receipt for Chick-fil-A (7850 N MacArthur Blvd).

Total \$18.78

1 Chick-fil-A® Sandwich Meal \$9.49
Choose your option
Chick-fil-A® Chicken Sandwich \$0.00
Would you like to change your bun?
White Bun \$0.29
Meal Sides \$0.00
Choose your option
Chick-fil-A Waffle Potato Fries® \$0.00
Meal Beverages \$0.00
Choose your option
Diet Coke® \$0.00

Subtotal \$9.49
Tax \$0.78
Service Fee \$2.52
Delivery Fee \$1.99
Delivery person tip \$4.00

Payments

 Visa ****8329 \$18.78
2/15/22 10:19 PM

You ordered from Chick-fil-A (7850 N MacArthur Blvd)

Picked up from
7850 N MacArthur Blvd, Irving, TX 75063, US

Delivered to
8205 Esters Blvd, Irving, TX 75063, US

Thanks for tipping, Kit

Here's your updated receipt for Boston Market (5487 N. Macarthur Blvd.).

Total	\$21.60
-------	---------

<div> <div>1</div> <div>Homestyle Meatloaf</div> </div> <div> <div>Choose your Size</div> <div>Regular \$0.00</div> </div> <div> <div>Choose your Sauce</div> <div>Poultry Gravy - On The Side \$0.00</div> </div> <div> <div>Cornbread</div> <div>Fresh Baked Cornbread \$0.00</div> </div> <div> <div>Choose 2 Sides</div> <div>Mashed Potatoes \$0.00</div> <div>Caesar Salad \$0.00</div> </div>	\$11.99
<div> <div>1</div> <div>Cornbread</div> </div> <div> <div>Choose your Size</div> <div>1 \$0.00</div> </div>	\$1.49

Subtotal	\$13.48
Tax	\$1.11
Service Fee	\$2.52
Delivery Fee	\$0.49
Delivery person tip	\$4.00

Payments

<div> <div>VISA</div> <div> <div>Visa</div> <div>••••8329</div> </div> <div>2/16/22 1:49 PM</div> </div>	\$21.60
--	---------

\$21.60

You ordered from Boston Market (5487 N. Macarthur Blvd.)

Picked up from

5469 N MacArthur Blvd, Irving, TX 75038, US

Delivered to

8205 Esters Blvd, Irving, TX 75063, US

APFA

ANNUAL BOARD OF DIRECTORS CONVENTION

March 8-10, 2022

Westin Irving Convention Center at Las Colinas

Resolution Information	Resolution #: 3												
	Resolution Name: Constitution Amendments												
	Status: Pass												
	Maker: Black												
	Second: Nikides												
	Date: 03/09/2022												
	Time: 2:34 p.m.												
	Affects PM: <input type="checkbox"/>												
Comments:													

	BOS Milenkovic	CLT Hazlewood	DCA Pennel	DFW De Roxtra	LAX Nikides	LGA Santana	MIA Trautman	ORD Wroble	PHL Kaswinkel	PHX Agee	SFO Ross	Pres Hedrick
YES	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
ABS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Yes: 10 No: 1 Abstain: 0 Absent: 0 Show of Hands: ☐

WHEREAS, the Association of Professional Flight Attendants was certified in 1977; and

WHEREAS, the APFA Constitution was first ratified by the APFA membership on January 3, 1980; and

WHEREAS, since its inception, the APFA Constitution has been amended by the APFA membership nine times; and

WHEREAS, the most recent Constitutional amendment was on June 18, 2014 and focused on changes related to the merger between American Airlines and US Airways; and

WHEREAS, today, it is necessary to revisit the structure of the APFA; and

WHEREAS, the governmental bodies of the APFA includes the National Officers, the Executive Committee, and the Board of Directors; and

WHEREAS, the Executive Committee was formed in 1991 during a time in which the Board of Directors was nearly twice the size it is today, necessitating the need for a smaller governing body to conduct administrative business; and

WHEREAS, the Board now consists of 15 members including 11 Base Presidents and 4 National Officers; and

BOARD OF DIRECTORS MEETING

WHEREAS, today, technology has evolved, allowing for more frequent meetings with APFA leadership at a reduced cost, allowing for APFA leadership to coordinate business.

BE IT THEREFORE RESOLVED, the Board of Directors requests the National Secretary explore the following options as potential amendments to the APFA Constitution:

1. The dissolution of the Executive Committee and subsequent shift of its authorities
2. The inclusion of the National Officers as voting members of the Board of Directors
3. The revision of Article VII: Hearings & Disciplinary Procedures

; and

BE IT FURTHER RESOLVED, the APFA Board of Directors requests the National Secretary draft a proposal for the above-mentioned amendments and present that proposal to the Board of Directors at the 2022 Fall Board Meeting for review.

Name: BOB ROSS **AA Employee #:** 95108 **Base:** SFO **Date Requested:** 3/11/22
Requested By: BOB ROSS **Authorized By:** BOB ROSS

IS THIS SEQUENCE A TRIP TRADE? IF YES, FOR MORE TIME? No ☐ If yes, different days? No ☐ DOES THIS REQUEST REQUIRE 2 SIGNATURES? No ☐
 IS THIS SEQUENCE A TTS Trip? No ☐ If yes, why? _____ IS THIS SEQ. AN OE/ETB TRIP? No ☐

DATE	SEQ. #/ Pairing #	HRS	Rate/Hr	Dom. Lead	Purser	AFT	Galley	NIPD	IPD	EQ	Charge	Reason	TR#
3/22/22	PA	5:00	\$ 68.25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Base Work/Meeting	
3/29/22	PA	5:00	\$ 68.25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Base Work/Meeting	
			\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
			\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
			\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
			\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
			\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
			\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

Premiums

Effective Pay Stop	Rate/Effective Date January 1, 2019
1	\$30.35
2	\$32.18
3	\$34.24
4	\$36.47
5	\$40.16
6	\$45.48
7	\$49.76
8	\$51.35
9	\$52.77
10	\$54.75
11	\$56.25
12	\$58.93
13	\$68.25

Aircraft Type	DOMESTIC				INTERNATIONAL			
	Lead	Purser	Aft	Galley	NIPD Lead	IPD Purser	Aft	Galley
E190	\$1.25				\$1.25			
B737-800/900	\$2.50				\$2.50			
A319/A320	\$2.50				\$2.50			
MD80	\$2.50				\$2.50			
A321	\$3.25				\$3.25			
A321T	\$3.25	\$4.75*		\$1.00**				
B757	\$2.75		\$1.00		\$3.75	\$5.75	\$1.75	
B767	\$3.25			\$1.00**	\$6.50	\$7.50	\$1.75	\$1.00
B777	\$3.25	\$5.75*		\$1.00**	\$6.50	\$7.50		\$1.00**
B787	\$3.25		\$1.00		\$6.50	\$7.50		\$1.00**
A330	\$3.25		\$1.00		\$6.50	\$7.50	\$1.75	\$1.00
A350	\$3.25		\$1.00		\$6.50	\$7.50		\$1.00**

FLEET → → SUB-FLEET
 190 → 04
 320(319) → 91, 92, 67
 320(320) → 29, 73
 320(321S) → 76, 75
 320(321L) → 77
 320(321T) → 80
 330(200) → 43
 330(300) → 98
 737(737) → CE, B9
 737(MAX) → 25, 45
 757 → B0, 62, 47, 38, 49, BA, 39
 767 → D0, D7
 777(200) → 83, AE, AF
 777(300) → 82
 787(8) → 78
 787(9) → 96
 S80 → 22

APPROVED BY: _____
 PRES/VP/SECY/TREAS
 SENT VIA SABRE TO: Senior on Duty

DATE: _____
 BY: None/ Executive Assistant to the National None

12/19/2023, 8:45 PM Pacific Standard Time

Activity Sheet

PP004 SFO [REDACTED] CREWMEMBER PRE/POST ACTIVITY REPORT
ROSS RO 01221 [REDACTED] SFO 9-
[REDACTED] ASG 0
H [REDACTED] 2402 B [REDACTED] 2402
RSVCOT DO 19P PNC 0.00
PROJ 95.59 GTD 0.00 PPROJ 95.59 LANG 0.00
PMAX 115.00 TTS MMAX 115.00 MTHLY FLEX 0.00
GUAR ORIG 0.00 ADJ 0.00 PENDING N
D EXP 0.00 W2 0.00 I EXP 0.00 W2 0.00
MISC EXP 0.00 W2 0.00 TTL 0.00
PREM Y LANG - 0.00
PREM 0.00 U/S 0.00 H/G 0.00
AVBL SK 146.53 SK USED MTD 0.00
TTL SK USED 2346.46 SK M/U 0.00 SK M/U MTD 0.00
SK RESTORAL 0.00
LAST 18865/30

MONTH STARTING 02MAR22 AND ENDING 31
ROSS RO 01221 [REDACTED] SFO
NWAV
H [REDACTED] 2402 B [REDACTED]
RSVCOT DO 19P
PROJ 89.41 GTD 89.41 PPROJ 89.41
PMAX 115.00 TTS MMAX 115.00 MTHLY FLEX
GUAR ORIG 0.00 ADJ 0.00 PENDING N
D EXP 133.19 W2 30.00 I EXP 0.00 W2
MISC EXP 0.00 W2 0.00 TTL 133.19
PREM Y LANG - 0.00
PREM 0.00 U/S 0.00 H/G 0.00
AVBL SK 155.53
TTL SK USED 2346.46 SK M/U 0.00 SK
SK RESTORAL 0.00
LAST

DD	ST	RMV	ADD	SEQ	FLT	FLT	SKED	STTL	ACT	GRTR	GTTL	DD	ST	RMV	ADD	SEQ	FLT	FLT	
02	61											02	61						
03	61			18852	FA2	-16	5.27					03	61	AP			0000	2359	
04	61				-2305		6.40	12.07				03	61	AP	PP	1.00			
							AB	12.07	PT	0.00		03	61	AP	18852	FA2	X16		
				18852	EXP	TAFB	30.23	JFK	3			04	61	AP			X2305		
05	61																		
06	61																		
07	61	PA								5.00	5.00	05	61						
08	61	PA								5.00	5.00	06	61						
09	61	PA								5.00	5.00	07	61	PA					
10	61	PA								5.00	5.00	08	61	PA					
11	61	PA								5.00	5.00	09	61	PA					
12	61											10	61	PA					

APFALOA - SEE LEG DETAIL

13 61										11 61 PA
14 61										12 61
15 61	18939	FA2	-1544							13 61
		-415		5.57						14 61
16 61		-2860		4.50	10.47					15 61
				AB	10.47	PT	0.00			18939 FA2 -1544
	18939	EXP TAFB	37.47	PHX	4					-415
MIDSEQ 24 - SEE LEG DETAIL										-2860
17 61										18939 EXP TAFB 37.50
18 61	18865	FA2	-2081							MIDSEQ 24 - SEE LEG DETAIL
		-1252		7.14	7.14					RCD GATE HOLD - SEE LEG DETAIL
				AB	7.14	PT	0.00			17 61
19 61										18 61
20 61										18865 FA2 -2081
21 61	18865	FA2	-2081							-1252
		-1252		7.14	7.14					
				AB	7.14	PT	0.00			19 61
22 61										20 61
23 61	18965	FA2	-1544							21 61 XI
		-1599		6.16						18865 FA2 C2081
24 61		-2690	-2279	5.55						C1252
25 61		-2226	-2048	6.58	19.09					AUTOCLD - SEE LEG DETAIL
				AB	19.09	PT	0.00			22 61
	18965	EXP TAFB	65.29	LAS	3	MCO	3			WBT TRNG
26 61										23 61
27 61										18965 FA2 -1544
28 61	18865	FA2	-2081							-1599
		-1252		7.14	7.14					-2690 -2279
				AB	7.14	PT	0.00			-2226 -2048
29 61										18965 EXP TAFB 65.29
30 61	18865	FA2	-2081							26 61
		-1252		7.14	7.14					27 61
				AB	7.14	PT	0.00			28 61
31 61										18865 FA2 -2081
END OF ACTIVITY										-1252
										29 61
										30 61
										18865 FA2 -2081
										-1252
										ATC GATE HOLD - SEE LEG DETAIL
										31 61

END OF ACTIVITY

END OF COMMENTS

Name: BOB ROSS
Requested By: BOB ROSS

AA Employee #: 95108
Authorized By: BOB ROSS

Base: SFO

Date Requested: 2/26/22

IS THIS SEQUENCE A TRIP
TRADE? IF YES, FOR MORE TIME?
IS THIS SEQUENCE A TTS Trip?

No ☐

No ☐

No ☐

If yes, different days?

No ☐

If yes, why? _____

DOES THIS REQUEST REQUIRE 2 SIGNATURES? No ☐

IS THIS SEQ. AN OE/ETB TRIP? No ☐

DATE	SEQ. #/ Pairing #	HRS	Rate/Hr	Dom. Lead	Purser	AFT	Galley	NIPD	IPD	EQ	Charge	Reason	TR#
3/3/22	18852	12:07	\$ 68.25 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.00 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	321T <input type="checkbox"/>	SFO	Base Work	
			\$ <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
			\$ <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
			\$ <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
			\$ <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
			\$ <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
			\$ <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
			\$ <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

Premiums

Effective Pay Stop	Rate/Effective Date January 1, 2019
1	\$30.35
2	\$32.18
3	\$34.24
4	\$36.47
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6	\$45.48
7	\$49.76
8	\$51.35
9	\$52.77
10	\$54.75
11	\$56.25
12	\$58.93
13	\$68.25

Aircraft Type	DOMESTIC				INTERNATIONAL			
	Lead	Purser	Aft	Galley	NIPD Lead	IPD Purser	Aft	Galley
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B737-800/900	\$2.50				\$2.50			
A319/A320	\$2.50				\$2.50			
MD80	\$2.50				\$2.50			
A321	\$3.25				\$3.25			
A321T	\$3.25	\$4.75*		\$1.00**				
B757	\$2.75		\$1.00		\$3.75	\$5.75	\$1.75	
B767	\$3.25			\$1.00**	\$6.50	\$7.50	\$1.75	\$1.00
B777	\$3.25	\$5.75*		\$1.00**	\$6.50	\$7.50		\$1.00**
B787	\$3.25		\$1.00		\$6.50	\$7.50		\$1.00**
A330	\$3.25		\$1.00		\$6.50	\$7.50	\$1.75	\$1.00
A350	\$3.25		\$1.00		\$6.50	\$7.50		\$1.00**

FLEET → → SUB-FLEET

190 → 04

320(319) → 91, 92, 67

320(320) → 29, 73

320(321S) → 76, 75

320(321L) → 77

320(321T) → 80

330(200) → 43

330(300) → 98

737(737) → CE, B9

737(MAX) → 25, 45

757 → B0, 62, 47, 38, 49, BA, 39

767 → D0, D7

777(200) → 83, AE, AF

777(300) → 82

787(8) → 78

787(9) → 96

S80 → 22

APPROVED BY: _____

PRES/VP/SECY/TREAS

SENT VIA SABRE TO: Senior on Duty

DATE: _____

BY: None/ Executive Assistant to the National None

APPENDIX 493

My HealthVet

Personal Information Report

Produced by the VA Blue Button (v18.4)
31 Dec 2023 @ 1453

This Personal Information Report is a copy of information that you have selected from one or more of the following:

- Your Personal Health Record - Health related information that you self-entered.
- Key information from your official VA medical health record. Please contact your VA health care team if you have any questions about this information or if changes are needed.
- Information from your Department of Defense military service record.

This report is intended for your personal use. It is not shared with VA. Portions of this report may contain sensitive personal health information from your official VA medical record. Protection of the information contained in this report is your responsibility and of those with whom you choose to share this information.

NOTE: Your Personal Health Record does NOT contain all the information from your official VA medical record. If your VA medical center has transitioned to the new electronic health record system My VA Health you can access your medical information at www.patientportal.myhealth.va.gov. If there is medical information not available to you online, contact your local VA facility Release of Information office.

Key: Double dashes (--) mean there is no information to display.

Name: ROSS, ROBERT ALLEN

Download Request Summary

System Request Date/Time:	31 Dec 2023 @ 1453
File Name:	mhv_ROSS_20231231_1453.pdf
Date Range Selected:	01 Jan 2020 to 31 Dec 2023
Data Types Selected:	My HealtheVet Account Summary Self Reported Demographics VA Demographics Self Reported Health Care Providers Self Reported Treatment Facilities Self Reported Health Insurance VA Wellness Reminders VA Appointments (Future) VA Appointments (Limited to past 2 years) VA Allergies Self Reported Allergies VA Medication History Self Reported Medications and Supplements VA Problem List VA Admissions and Discharges VA Notes Self Reported Medical Events VA Immunizations Self Reported Immunizations VA Laboratory Results: Chemistry/Hematology/Microbiology VA Pathology Reports: Surgical Pathology/Cytology/Electron Microscopy Self Reported Labs and Tests VA Vitals and Readings Self Reported Vitals and Readings VA Radiology Reports VA Electrocardiogram (EKG) Reports Self Reported Family Health History Self Reported Military Health History Self Reported Activity Journal Self Reported Food Journal DoD Military Service Information Self Reported My Goals Current Self Reported My Goals Completed

My HealtheVet Account Summary

Source:	VA
Authentication Status:	Authenticated
Authentication Date:	07 Jul 2022
Authentication Facility Name:	AUSTIN MHV
Authentication Facility ID:	200MH

VA Treatment Facility	Type
Dallas TX VAMC (549)	VAMC
Great Lakes Healthcare System (578)	VAMC
No CA Healthcare Sys-Martinez (612)	VAMC
San Francisco CA VAMC (662)	VAMC
William S. Middleton Mem VAMC (607)	VAMC
Note: The X represents your self-selected VA Medical Center preference.	

Self Reported Demographics

Source: Self-Entered

Your self-entered information saved in My HealtheVet is not shared with other sources.

First Name:	ROBERT
Middle Initial:	A
Last Name:	ROSS
Suffix:	
Alias:	
Relationship to VA:	Patient
Current Occupation	
Home Phone Number:	
Work Phone Number:	
Pager Number:	
Cell Phone Number:	[REDACTED]
FAX Number:	

Date of Birth:	[REDACTED]
Birth Sex:	Male
Blood Type:	
Organ Donor:	
Marital Status:	

Mailing or Destination Address:

[REDACTED]

Email Address: 1rross [REDACTED]**Preferred Method of Contact:** Email

VA Medication History

Source:	VA
Last Updated:	09 Oct 2023 @ 1152
Sorted By:	Alphabetical Order then by Status
<p>Remember to share all information about your medications or updates with your VA health care team. Also, check information in your VA Allergies and your Self-Reported Allergies. This may let you know if you had a reaction to a medication you received.</p> <p>Please note that My HealtheVet does NOT show medications that are/were administrated in a clinic or emergency department (such as clinic medications).</p> <p>If you cannot view prescription(s) that should be displayed, contact your local VA Pharmacy for information. The phone number for the VA Pharmacy can be found on the prescription label.</p> <p>Glossary of MHV Pharmacy Terms: Active: Refill in Process=A refill request is being processed by the VA pharmacy. When a prescription is in the Refill in Process status, the Fill Date will show when the prescription will be ready for delivery via mail by a VA Mail Order Pharmacy. This term may be shown as a VA Prescription status of "Active: Susp" on other VA medication lists. Active: Submitted=The refill request has been received by My HealtheVet but has not been processed by the VA Pharmacy yet. Unknown=The status cannot be determined. Contact your VA care team when you need more of this VA prescription. A prescription stopped by a VA provider. It is no longer available to be filled. Transferred=A prescription moved to VA's new electronic health record. Go to My VA Health to manage transferred medications. This prescription may also be described as "Discontinued" on medication lists from your healthcare team. Take your medications as prescribed by your healthcare team.</p> <p>Glossary of VA Pharmacy Terms: Active=A prescription that can be filled at the local VA pharmacy. If this prescription is refillable, you may request a refill of this VA prescription. Active: On Hold=An active prescription that will not be filled until pharmacy resolves the issue. Contact your VA pharmacy when you need more of this VA prescription. Active: Parked=A VA Prescription that is on file at VA Pharmacy and available for you to submit a fill request. This prescription may or may not have been previously filled. This prescription has been ordered by your VA provider but will not be sent to you until you request that it is filled. You may request this medication using MyHealtheVet, Rx Refill mobile app, VA phone service or mail in refills. Active: Non-VA=A medication that came from someplace other than a VA pharmacy. This may be a prescription from either the VA or other providers that was filled outside the VA. Or, it may be an over the counter (OTC), herbal, dietary supplement or sample medication. Discontinued=A prescription stopped by a VA provider. It is no longer available to be filled. Contact your VA healthcare team when you need more of this VA prescription. Expired=A prescription which is too old to fill. This does not refer to the expiration date of the medication in the container. Contact your VA healthcare team when you need more of this VA prescription.</p>	

Medication:	OMEPRazole 40MG EC CAP
Instructions:	TAKE ONE CAPSULE BY MOUTH ONCE DAILY BEFORE A MEAL FOR GERD
Indication (Reason for use):	FOR GERD
Status:	Active
Refills Remaining:	6
Last Filled On:	22 Sep 2023

Initially Ordered On: 22 Sep 2023			
Quantity	Days Supply	Pharmacy	Prescription Number
30	30	SACTO VA CENTER-119	26831144

Medication: CITALOPRAM HYDROBROMIDE 40MG TAB			
Instructions: TAKE ONE-HALF TABLET BY MOUTH ONCE DAILY FOR DEPRESSION			
Indication (Reason for use): FOR DEPRESSION			
Status: Active			
Refills Remaining: 3			
Last Filled On: 22 Sep 2023			
Initially Ordered On: 22 Sep 2023			
Quantity	Days Supply	Pharmacy	Prescription Number
15	30	SACTO VA CENTER-119	26831143

Medication: BUDESONIDE 0.5MG/2ML INH SUSP 2ML			
Instructions: USE 1 RESPULE (0.5MG/2ML) IN EACH NOSTRIL ONCE DAILY FOR NASAL RINSE MIX RESPULE CONTENTS WITH NEILMED SINUS RINSE AND SPRAY IN EACH NOSTRIL ONCE DAILY. *PADR APPROVED VIA QUICK ORDER*			
Indication (Reason for use): FOR NASAL RINSE			
Status: Active			
Refills Remaining: 11			
Last Filled On: 22 Sep 2023			
Initially Ordered On: 22 Sep 2023			
Quantity	Days Supply	Pharmacy	Prescription Number
30	30	SACTO VA CENTER-119	26831141

Medication: AZELASTINE 137MCG/SPRAY 200D NASAL INHL			
Instructions: SPRAY 2 WHIFFS IN EACH NOSTRIL TWICE A DAY FOR ALLERGIC RHINITIS			
Indication (Reason for use): FOR ALLERGIC RHINITIS			
Status: Active			
Refills Remaining: 11			
Last Filled On: 22 Sep 2023			
Initially Ordered On: 22 Sep 2023			
Quantity	Days Supply	Pharmacy	Prescription Number
1	30	SACTO VA CENTER-119	26831140

Medication: AMLODIPINE BESYLATE 5MG TAB			
Instructions: TAKE ONE TABLET BY MOUTH ONCE DAILY FOR BLOOD PRESSURE -DO NOT TAKE WITH GRAPEFRUIT JUICE.			
Indication (Reason for use): FOR BLOOD PRESSURE			
Status: Active			
Refills Remaining: 1			
Last Filled On: 22 Sep 2023			
Initially Ordered On: 22 Sep 2023			
Quantity	Days Supply	Pharmacy	Prescription Number

VA Notes

Source:	VA
Last Updated:	31 Dec 2023 @ 1453
Sorted By:	Date/Time (Descending)
VA Notes from January 1, 2013 forward are available thirty-six (36) hours after they have been completed (except C&P Notes) and signed by all required members of your VA health care team. If you have any questions about your information please contact your VA health care team.	

Date/Time:	27 Oct 2023 @ 1503
Note Title:	V21 CCC PATIENT CONTACT NOTE
Location:	No CA Healthcare Sys-Martinez
Signed By:	HEITMAN,THERESA K
Co-signed By:	HEITMAN,THERESA K
Date/Time Signed:	27 Oct 2023 @ 1505

Note

LOCAL TITLE: V21 CCC PATIENT CONTACT NOTE

STANDARD TITLE: ADMINISTRATIVE NOTE

DATE OF NOTE: OCT 27, 2023@15:03 ENTRY DATE: OCT 27, 2023@15:03:33

AUTHOR: HEITMAN,THERESA K EXP COSIGNER:

URGENCY: STATUS: COMPLETED

Spoke with: Patient

Contact info per CPRS:

ROSS,ROBERT ALLEN

[REDACTED]

[REDACTED]

[REDACTED]

Reason for calling: Pt wanted message sent to let team know he sent a secure message for the FMLA paperwork his employer needed clarification for page 3 question #5. Pt states files are attached. Time sensitive. Please F/u when able

/es/ THERESA K HEITMAN
 Advance MEDICAL SUPPORT ASSITANT
 Signed: 10/27/2023 15:05

Receipt Acknowledged By:
 10/30/2023 16:04 /es/ Shearon Jones, RN
 Nursing Service, Case Manager, Primary Care

Date/Time:	22 Sep 2023 @ 1430
Note Title:	Nursing Emergency Dept Education
Location:	No CA Healthcare Sys-Martinez
Signed By:	SISON,ROSALIE C
Co-signed By:	SISON,ROSALIE C
Date/Time Signed:	22 Sep 2023 @ 1430

Note

LOCAL TITLE: Nursing Emergency Dept Education
 STANDARD TITLE: EMERGENCY DEPT EDUCATION NOTE
 DATE OF NOTE: SEP 22, 2023@14:30 ENTRY DATE: SEP 22, 2023@14:30:18
 AUTHOR: SISON,ROSALIE C EXP COSIGNER:
 URGENCY: STATUS: COMPLETED

EMERGENCY DEPARTMENT PATIENT EDUCATION AND DISPOSITION

The patient's learning needs including cultural and religious beliefs, emotional barriers, desire and motivation to learn, physical and cognitive limitations and barriers to communication were assessed.

Patient had NO Barriers to education identified.

Readiness to Learn:

Ready to learn.

Patient Preferences for Learning:

Patient expresses no preference

Patient handout provided for primary complaint.

NO

Patient education provided on medications.

YES

Physician instructions reviewed with patient.

YES

Other Patient Education if necessary:

Patient and/or significant other received & verbalizes understand of their discharge instructions.

YES

Patient and/or significant other is able to return demonstrate as listed above:

NA

MENTAL STATUS:

Level Of Awareness: Alert

Oriented To: Person,place,date,situation.

DISPOSITION:

HOME

Patient left Walking without assistance

VITAL SIGNS:

Measurement DT	TEMP F(C)	RESP	PULSE (L/MIN)	BP (%)	POx
09/22/2023 14:00	98.3(36.8)	18	72	146/81	98
09/22/2023 13:00	16	72	148/89	99	
09/22/2023 12:16	20	65	169/92	100	

Measurement DT	PAIN LB(KG)[BMI]	WEIGHT
09/22/2023 14:00	0	
09/22/2023 13:00	0	
09/22/2023 12:16	0	

09/22/2023 14:00 0
09/22/2023 13:00 0
09/22/2023 12:16 0

/es/ Rosalie C. Sison, RN BSN
Nurse, Emergency Dept/SAC
Signed: 09/22/2023 14:30

Date/Time:	22 Sep 2023 @ 1421
Note Title:	Nursing Emergency Dept Note
Location:	No CA Healthcare Sys-Martinez
Signed By:	SISON,ROSALIE C
Co-signed By:	SISON,ROSALIE C
Date/Time Signed:	22 Sep 2023 @ 1430

Note

LOCAL TITLE: Nursing Emergency Dept Note
STANDARD TITLE: NURSING EMERGENCY DEPARTMENT NOTE
DATE OF NOTE: SEP 22, 2023@14:21 ENTRY DATE: SEP 22, 2023@14:21:17
AUTHOR: SISON,ROSALIE C EXP COSIGNER:
URGENCY: STATUS: COMPLETED

1400 Acting as break RN for primary Nurse,Pt. resting,denied pain/discomfort

1415 Md at bedside with results and DC instructions

1429 Cleared for discharge. Instructions given, verbalized understanding, IV discontinued, catheter tip intact. Pressure dsq applied. Left ED in NAD with belongings.

/es/ Rosalie C. Sison, RN BSN

Nurse, Emergency Dept/SAC

Signed: 09/22/2023 14:30

Date/Time:	22 Sep 2023 @ 1407
Note Title:	Emergency Dept Discharge
Location:	No CA Healthcare Sys-Martinez
Signed By:	DOMA,ANAMIKA K
Co-signed By:	DOMA,ANAMIKA K
Date/Time Signed:	22 Sep 2023 @ 1410

Note

LOCAL TITLE: Emergency Dept Discharge

STANDARD TITLE: DISCHARGE NOTE

DATE OF NOTE: SEP 22, 2023@14:07 ENTRY DATE: SEP 22, 2023@14:07:04

AUTHOR: DOMA,ANAMIKA K EXP COSIGNER:

URGENCY: STATUS: COMPLETED

You have been evaluated in the Sacramento VA Medical Center Emergency Department.

You were treated today for: Depression, chest pain

If your symptoms worsen or new symptoms develop, contact your physician or return to the Emergency Department immediately.

For your specific condition you should look for warning signs that include:
Overwhelming feelings of sadness, suicidal ideations, worsening chest pain

To follow up with your primary care provider please call 1 800-382-8387.

To follow up with the Mental Health Provider please call 1-916-366-5420 M to F.
The Suicide Hot line 24 / 7 at 1-800-273-8255

*** THE TELEPHONE ADVICE NURSE CAN BE REACHED AT:1-800-382-8387. ***

We recommend that you follow up with your primary care provider within 1 week. Your primary care provider along with your care manager will be notified of your visit to the Emergency Department. There is a possibility that your follow up may be accomplished with a telephone appointment.

1. Celexa 20 mg daily for depression.
2. Follow-up with therapist as outpatient.
3. Follow-up with your primary care physician in 1 week.
4. Return to ER for worsening symptoms.

/es/ Anamika K. Doma, DO
 Physician, Emergency Medicine
 Signed: 09/22/2023 14:10

Date/Time:	22 Sep 2023 @ 1223
Note Title:	ENT Note 11301
Location:	No CA Healthcare Sys-Martinez
Signed By:	STEELE,TOBY OLIVER
Co-signed By:	STEELE,TOBY OLIVER
Date/Time Signed:	22 Sep 2023 @ 1227

Note

LOCAL TITLE: ENT Note 11301
 STANDARD TITLE: OTOLARYNGOLOGY NOTE
 DATE OF NOTE: SEP 22, 2023@12:23 ENTRY DATE: SEP 22, 2023@12:23:05
 AUTHOR: STEELE,TOBY OLIVER EXP COSIGNER:
 URGENCY: STATUS: COMPLETED

*** ENT Note 11301 Has ADDENDA ***

ROSS,ROBERT ALLEN
 [REDACTED]

F/U : Nasal obstruction/congestion, throat clearing.

Interval History: The patient returns today in follow up for the above. Has seen

Dr. Fuller to evaluate for UASS. He reports a long history of nasal congestion/obstruction and mucous discharge. He has PND and throat clearing. He's a pilot and flies internationally half of the month. He's tried fluticasone. Both sides are obstructed, but right more than left. He has nasal congestion. He also has some symptoms of otic barotrauma where he'll have a

difficult time clearing his ears. Prior septoplasty and turbinate reduction.

Active issues :

Computerized Problem List is the source for the following:

1. Cough 09/30/20 BUCAYCAY,ELEANO
2. Knee pain 08/26/20 BUCAYCAY,ELEANO
3. Depressive episode 08/31/22 ESPINOSA,SONJA
4. General Anxiety 08/31/15 WEBER,DIANE ELL
5. Varicose veins of lower extremity (SNOMED CT 08/04/14 TAYLOR,JEFFERY 72866009)
6. Impaired Fasting Glucose (ICD-9-CM 790.21) 04/24/13 DOCTOR,FEDERICO
7. GERD * (ICD-9-CM 530.81) 04/24/13 DOCTOR,FEDERICO
8. DJD, Knee/Lower Leg 03/04/13 TAYLOR,JEFFERY
9. CMP INT ORT DEV/GFT NOS 03/04/13 TAYLOR,JEFFERY
10. Low Back Pain * (ICD-9-CM 724.2) 08/09/12 DOCTOR,FEDERICO
11. Hearing loss * (ICD-9-CM 389.9) 05/24/10 DOCTOR,FEDERICO
12. Hyperlipidemia 06/30/08 WOO,JOSEPH C
13. Pain in joint involving lower leg (ICD-9-CM 06/27/08 WOO,JOSEPH C 719.46)
14. Tear of lateral cartilage or meniscus of knee, 06/27/08 WOO,JOSEPH C current (ICD-9-CM 836.1)

Meds :

Active Outpatient Medications (excluding Supplies):

Active Outpatient Medications	Status
=====	
1) ATORVASTATIN CALCIUM 40MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY FOR CHOLESTEROL (DO NOT TAKE WITH GRAPEFRUIT JUICE.)	ACTIVE
2) DICLOFENAC NA 1% TOP GEL APPLY 2 GRAMS TOPICALLY FOUR TIMES A DAY USE DOSING CARD PROVIDED TO MEASURE DOSE. DON'T EXCEED 16 GRAMS DAILY TO A JOINT OF THE LOWER BODY. DON'T EXCEED 8 GRAMS DAILY TO A JOINT OF THE UPPER BODY. DON'T EXCEED A TOTAL DOSE OF 32 GRAMS PER DAY. FOR PAIN AND INFLAMMATION	ACTIVE

Pending Outpatient Medications	Status
=====	
1) AZELASTINE 137MCG/SPRAY 200D NASAL INHL SPRAY 2 WHIFFS IN EACH NOSTRIL TWICE A DAY	PENDING
2) BUDESONIDE 0.5MG/2ML INH SUSP 2ML USE 1 RESPULE (0.5MG/2ML) IN EACH NOSTRIL ONCE DAILY	PENDING
3) OMEPRAZOLE 40MG EC CAP TAKE ONE CAPSULE BY MOUTH ONCE DAILY BEFORE A MEAL	PENDING

Active Non-VA Medications	Status
=====	
1) Non-VA CYANOCOBALAMIN TAB MOUTH	ACTIVE

6 Total Medications

Allergies : ERYTHROMYCIN, VICODIN, DARVOCET-N

O/E:

Gen: alert, oriented, NAD

Head: NCAT

Eyes: PERRL

Nose: Anterior rhinoscopy reveals mucosal edema

Procedure: Nasal Endoscopy

Anesthesia: 4% lidocaine and phenylephrine.

Details: A rigid endoscope was used to evaluate the bilateral nasal passages and sinus ostia. Overall, mucosal inflammation is noted. Also noted is: 2+ ITs bilaterally. Midline septum. Mucostasis and mucous discharge from ITs bilaterally.

Impression:

Chronic rhinitis

Possible Chronic rhinosinusitis

LPR

Plan:

Start budesonide irrigations

Start PPI prior to meals

Start topical nasal antihistamine sprays.

Could consider procedural interventions such as IT reduction, possible ESS, PNN ablation, pending CT imaging (if no improvement CT next step)

/es/ Toby O. Steele, MD

Staff Otolaryngologist

Signed: 09/22/2023 12:27

09/22/2023 ADDENDUM STATUS: COMPLETED

Also try Hale nasal dilators to see how much valve is contributing.

/es/ Toby O. Steele, MD

Staff Otolaryngologist

Signed: 09/22/2023 12:28

Date/Time: 22 Sep 2023 @ 1130

Note Title: Mental Health Inpatient Consult

Location: No CA Healthcare Sys-Martinez

Signed By: SILVA,STACIE K

Co-signed By: SILVA,STACIE K

Date/Time Signed: 22 Sep 2023 @ 1236

Note

LOCAL TITLE: Mental Health Inpatient Consult

STANDARD TITLE: MENTAL HEALTH CONSULT

DATE OF NOTE: SEP 22, 2023@11:30 ENTRY DATE: SEP 22, 2023@11:30:09

AUTHOR: SILVA, STACIE K EXP COSIGNER:
URGENCY: STATUS: COMPLETED

*** Mental Health Inpatient Consult Has ADDENDA ***

Inpatient Mental Health Consultation Evaluation

CONSULT ISSUE(S): thoughts of wanting to go to sleep and not wake up

BRIEF HPI & INTERVIEW:

Mr. Ross is a 63 y/o male AF veteran with history of generalized anxiety disorder and depression who self-presented to the ED with CC of intermittent pectoral pain and throbbing neck pain during periods of stress, associated with feeling tingling and pale. Psychiatry was consulted due to pt endorsing thoughts

of wanting to go to sleep and not wake up. Denies current intent or plan for self-harm, but reports recent stress r/t job and family life.

Briefly, Mr. Ross states that he has been involved in an extremely stressful legal situation since 2018, when he resigned as the Airline's labor union steward due to issues with harrassment from an individual d/t his reporting of alleged wrongdoing. He has been involved in lawsuits since then and harrassed on

social media. He spends time fighting these wrong accusations and defending his name on social media platforms. Standing up for himself makes him feel better but he also reports significant anxiety and feeling all-consumed by the stress of these lawsuits. He has been having to commute long-distance to Texas for work

and is able to spend less time at home.

Reports stress at home r/t wife who works long hours and doesn't prefer to engage in discussions about his stress. They have been sleeping separately for the past year. Pt lives at home with wife and 2 adult children (ages 19 and 21) who are currently in college; he is paying a portion of their tuition and therefore cannot retire for another couple of years. He gets upset by their lack

of motivation and has felt alone in trying to discipline them.

Pt reports that he has been trying to get connected with a therapist for many months now and still hasn't heard back regarding his CC referral.

Previously saw a CC provider last yr. Reports that she provided little feedback other than to tell him that it sounds like he should leave his marriage, and he did not find it a good fit. He wants to address his anxiety r/t the trauma that he has sustained over the past 5 years and learn how to better cope with his current stressors. He reports thoughts of wanting to go to sleep and not wake up. He recalls times over the past several years in which he has asked God to take him from this life. However, he denies that he has thought of any plans to end his own life. He ultimately feels that the other side will "win" if he were

to kill himself because they would assume that they were right the whole time. He states that he has had thoughts/ fantasies of harming the people who have soiled his name, but he does not think of plans or have any intent to harm them.

Denies access to lethal means including firearms.

MENTAL STATUS EXAMINATION:

Older Caucasian male with average height and build, dressed in casual attire with good grooming/hygiene. Behavior is calm and cooperative, actively engaged with polite style. Good EC. Cognition grossly intact. No PMR/PMA. Speech is normal volume/rate/rhythm, conversant prosody. Mood is neutral, anxious. Affect full range. Thought process is circumstantial, and logical, no delusional content elicited. Denies AVH. Denies active SI or HI. Denies

Active Outpatient Medications (excluding Supplies):

Active Outpatient Medications	Status
=====	
1) ATORVASTATIN CALCIUM 40MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY FOR CHOLESTEROL (DO NOT TAKE WITH GRAPEFRUIT JUICE.)	ACTIVE
2) DICLOFENAC NA 1% TOP GEL APPLY 2 GRAMS TOPICALLY FOUR TIMES A DAY USE DOSING CARD PROVIDED TO MEASURE DOSE. DON'T EXCEED 16 GRAMS DAILY TO A JOINT OF THE LOWER BODY. DON'T EXCEED 8 GRAMS DAILY TO A JOINT OF THE UPPER BODY. DON'T EXCEED A TOTAL DOSE OF 32 GRAMS PER DAY. FOR PAIN AND INFLAMMATION	ACTIVE

Active Non-VA Medications	Status
=====	
1) Non-VA CYANOCOBALAMIN TAB MOUTH	ACTIVE

3 Total Medications

Most recent vitals:

Temp: 98.9 F [37.2 C] (09/22/2023 09:19)
Pulse: 69 (09/22/2023 09:24)
Resp: 17 (09/22/2023 09:24)
BP: 152/94 (09/22/2023 09:24)
Wt: 168.7 lb [76.52 kg] (04/20/2023 10:22)

DSM DIAGNOSIS:

Anxiety disorder, unspecified
GAD by history

ASSESSMENT: Mr. Ross is a 63 y/o male AF veteran with history of generalized anxiety disorder and depression who self-presented to the ED with CC of intermittent pectoral pain and throbbing neck pain during periods of stress, associated with feeling tingling and pale. Psychiatry was consulted due to pt endorsing thoughts of wanting to go to sleep and not wake up.

Mr. Ross has a history of seeking MH services in the past, first reaching out to

PCMHI in 2012 and then again in 2015 but without significant follow-up, for symptoms of anxiety and depression in the context of significant marital and

financial stressors. He has tried sertraline in the past but prefers to minimize medications and focus on psychotherapy. Pt re-connected with MH services here at the VA in 2022 (received CC referral but did not mesh well with therapist) and then again in June 2023 (saw provider in PCMHI before getting connected with GMH clinic). Pt was evaluated by Eliza Rosburg for psychotherapy, and it appears that a CC referral was placed in 7/7/23 for psychotherapy due to long wait time in GMH. Per chart review, an email was sent to CC provider in El Dorado Hills 8/29/23, but there has been no further communication regarding a plan for scheduling.

Mr. Ross reports an exacerbation in his anxiety symptoms in the context of chronic and ongoing social stressors. He would likely benefit significantly for psychotherapy for his anxiety, especially with regards to enhancing coping skills, improving distress tolerance, and engaging in some cognitive reprocessing thru CBT. He reached out for these services in June of this year, but is still waiting to obtain a CC therapist to help him manage his anxiety and

emotions. Although he does endorse thoughts of not wanting to wake up, it appears that these thoughts are relatively chronic in nature, and he denies any planning or intent to act on his passive thoughts. He appears to be at or close to his baseline risk for suicide at the present time and doesn't require admission to a psychiatric unit for stabilization of acute symptoms.

Rather, I will alert his outpatient providers to this assessment with request to expedite his CC referral as much as possible. He is waiting for communication from the VA and is eager to schedule with a CC provider as soon as possible.

Pt is at LOW acute risk for suicide due to denial of active SI, future orientation, help-seeking behaviors, and family connectedness.
Pt is at LOW chronic risk for suicide due to no prior MH hospitalizations, major MH

diagnoses, or prior SA. Several static risk factors include age, gender, and historical affective dysregulation. Protective factors include future orientation, help-seeking behaviors, access to resources, and family support.

TREATMENT RECOMMENDATIONS:

- No indication for 5150 hold or voluntary hospitalization
- Okay to discharge home once medically cleared
- F/u with CC referral re: psychotherapy

Treatment options including pertinent risks and benefits were reviewed with the patient or current decision-maker as clinically appropriate. The above recommendations were discussed with the medical team.

Thank you for this consult. You may contact 1-5501 if you have any questions to reach the MH inpatient consult team.

/es/ Stacie K. Silva, MD
STAFF PSYCHIATRIST
Signed: 09/22/2023 12:36

Receipt Acknowledged By:

* AWAITING SIGNATURE * BRAKEL,MICHAEL JASON

09/25/2023 08:06 /es/ [REDACTED] LCSW #110035
Social Worker (BHIP)

09/25/2023 08:43 /es/ Eliza Yumiko Maile Rosburg, LCSW

* AWAITING SIGNATURE * NGUYEN,HAN THI NGOC

09/24/2023 14:59 /es/ Lee D. Sasse, LCSW-PIP
Suicide Prevention, MHS

09/25/2023 ADDENDUM STATUS: COMPLETED

9/25/2023-discussed with BHIP team; suggestion to reach out to CC consult managers.

9/25/2023-sent Teams message to CC consult managers; G. Rutherford reports will address. Refer to 9/25/2023 comment on 7/7/2023 CC BH consult for details.

**Alerting G. Rutherford as FYI

**Alerting E. Rosburg as FYI

**Alerting L. Sommers-Tarca as FYI

**Alerting S. Silva as FYI

**Alerting M. Brakel as FYI

**Alerting H. Nguyen as FYI

**Alerting L. Sasse as FYI

/es/ [REDACTED] LCSW #110035
Social Worker (BHIP)
Signed: 09/25/2023 14:15

Receipt Acknowledged By:

* AWAITING SIGNATURE * BRAKEL,MICHAEL JASON

* AWAITING SIGNATURE * NGUYEN,HAN THI NGOC

09/25/2023 14:59 /es/ Eliza Yumiko Maile Rosburg, LCSW

09/27/2023 08:10 /es/ GLADY RUTHERFORD, MSN, RN
COMMUNITY CARE, MCCLELLAN VA

10/01/2023 16:42 /es/ Lee D. Sasse, LCSW-PIP
Suicide Prevention, MHS

09/25/2023 14:43 /es/ Stacie K. Silva, MD
STAFF PSYCHIATRIST

09/27/2023 12:09 /es/ Lacey M. Sommers-Tarca, PhD
Clinical Psychologist

Date/Time:	22 Sep 2023 @ 0923
Note Title:	Nursing Emergency Dept Note
Location:	No CA Healthcare Sys-Martinez
Signed By:	MILES,KAREN
Co-signed By:	MILES,KAREN
Date/Time Signed:	22 Sep 2023 @ 1441

Note

LOCAL TITLE: Nursing Emergency Dept Note
 STANDARD TITLE: NURSING EMERGENCY DEPARTMENT NOTE
 DATE OF NOTE: SEP 22, 2023@09:23 ENTRY DATE: SEP 22, 2023@09:23:10
 AUTHOR: MILES,KAREN EXP COSIGNER:
 URGENCY: STATUS: COMPLETED

Mode of Arrival: Ambulatory
 FALL SCREEN
 Mather VA Emergency Department Fall Risk Assessment Tool

History of Falling in Last 3 Months:
 No = 0 points

Altered Mental Status (Dementia/Alzheimer's /Hypoglycemia Blood Sugar < 50 or symptomatic):
 No = 0 points

Intoxicated/Overdose (Alcohol and/or drugs, prescribed medications):
 No = 0 points

Medications given in ED (Cardiac/blood pressure, opiates, benzodiazepines, antipsychotics, anticholinergic, muscle relaxants, sedatives, diuretics):
 No = 0 points

Impaired Gait/ Weakness /Impaired vision and or hearing:
 No = 0 points

Mobility Assisted Devise Used:
 No = 0 points

Mobility Hazards:
 Cardiac Monitor/Pulse Oximeter /BP cuff
 Yes (see above selections) = 1 point max

Increased Elimination:
 No = 0 points

Was the patient's presentation/chief complaint due to ANY of the following:
 positive orthostatic vitals, light headedness, dizziness or syncope?

Yes = 5 points

Fall Risk Score: High Risk = 5 points or more (Implement High Fall Risk Interventions) Fall risk interventions implemented based on ED Fall Prevention Standard Operating Procedure.

SAO2

PERCENT: 100% sat on room air

BLOOD PRESSURE

152/94

PULSE

69

RESPIRATIONS

17

PAIN LEVEL

0

NOTE SUMMARY/ASSESSMENT

0924-Assumed care of patient, Pt shares that he has been under stress recently.

This am patient was at ENT and decided to come to ED. Describes chest pain which radiates to back, occurs with tension. Feels his skin turns "white"

Denies any shortness of breath, or sweating, can occur at any time.

No chest pain or discomfort at this time.

1005-Dr Doma aware of I-stat troponin 0.01.

1008-Portable chest x-ray done.

1009-Blood pressure, 174/101-70HR

Pt states that he under lots of stress.

1031-IV fluid NS infusing at 125ml/hr

ETOH level drawn.

1035-BP 155/80-Paul, pharmacist aware, okay per him to hold medication.

Dr Doma will be consulted, States to hold medication.

1109-Mental Health at bedside.

1400-report to Rosaline RN for lunch relief.

/es/ Karen Miles, RN, CCRN, MN

Staff Nurse, Emergency Department

Signed: 09/22/2023 14:41

Date/Time: 22 Sep 2023 @ 0920

Note Title: Emergency Dept Clinician Note

Location: No CA Healthcare Sys-Martinez

Signed By: DOMA,ANAMIKA K

Co-signed By: DOMA,ANAMIKA K**Date/Time Signed:** 22 Sep 2023 @ 1411**Note**

LOCAL TITLE: Emergency Dept Clinician Note

STANDARD TITLE: PHYSICIAN EMERGENCY DEPARTMENT NOTE

DATE OF NOTE: SEP 22, 2023@09:20 ENTRY DATE: SEP 22, 2023@09:20:24

AUTHOR: DOMA,ANAMIKA K EXP COSIGNER:

URGENCY: STATUS: COMPLETED

*** Emergency Dept Clinician Note Has ADDENDA ***

SACRAMENTO MATHER EMERGENCY DEPARTMENT VISIT NOTE

SEP 22, 2023

Sex: MALE Race:DECLINED TO ANSWER

CHIEF COMPLAINT / HISTORY OF PRESENTING ILLNESS:

63y/o MALE with hypertension c/o bilateral chest pain (squeezing, 5/10, radiating to his back and right arm, lasting minutes) which has occurred 3 times

in the past 5 days. Patient denies falls or chest trauma. He also felt his whole body tingling. Patient has been under a tremendous amount of stress at work. He has been feeling depressed and wishes that he does not wake up. Denies fever/chills, dysuria, n/v/d,productive cough, or CP/SOB/abdominal pain.

ROS: All 13 systems are negative unless otherwise stated above in HPI.

PAST HISTORY:

Per CPRS & previous notes.

Computerized Problem List is the source for the following:

1. Cough 09/30/20 BUCAYCAY,ELEANO
2. Knee pain 08/26/20 BUCAYCAY,ELEANO
3. Depressive episode 08/31/22 ESPINOSA,SONJA
4. General Anxiety 08/31/15 WEBER,DIANE ELL
5. Varicose veins of lower extremity (SNOMED CT 72866009) 08/04/14 TAYLOR,JEFFERY
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8. DJD, Knee/Lower Leg 03/04/13 TAYLOR,JEFFERY
9. CMP INT ORT DEV/GFT NOS 03/04/13 TAYLOR,JEFFERY
10. Low Back Pain * (ICD-9-CM 724.2) 08/09/12 DOCTOR,FEDERICO
11. Hearing loss * (ICD-9-CM 389.9) 05/24/10 DOCTOR,FEDERICO
12. Hyperlipidemia 06/30/08 WOO,JOSEPH C
13. Pain in joint involving lower leg (ICD-9-CM 719.46) 06/27/08 WOO,JOSEPH C
14. Tear of lateral cartilage or meniscus of knee, current (ICD-9-CM 836.1) 06/27/08 WOO,JOSEPH C

ALLERGIES: ERYTHROMYCIN, VICODIN, DARVOCET-N

MEDS: Per CPRS: reconciliation not completed

Computer is the source for the following medication list:

DICLOFENAC NA 1% TOP GEL Sig: APPLY 2 GRAMS TOPICALLY FOUR TIMES A DAY USE DOSING CARD PROVIDED TO MEASURE DOSE. DON'T EXCEED 16 GRAMS DAILY TO A JOINT OF THE LOWER BODY. DON'T EXCEED 8 GRAMS DAILY TO A JOINT OF THE UPPER BODY. DON'T EXCEED A TOTAL DOSE OF 32 GRAMS PER DAY. FOR PAIN AND INFLAMMATION
ATORVASTATIN CALCIUM 40MG TAB Sig: TAKE ONE TABLET BY MOUTH ONCE DAILY FOR CHOLESTEROL (DO NOT TAKE WITH GRAPEFRUIT JUICE.)

SOCIAL HX: non-smoker, no significant etoh/drug hx

PHYSICAL EXAMINATION:

VITALS: 04/20/2023 10:22 BP:137/87 HR:67 Wt:168.7 lb [76.52 k

RR: 16 (09/12/2022 09:53)

Temp: 97.7 F [36.5 C] (04/20/2023 10:22)

Pox: %RA Measurement DT POx
(L/MIN)(%)

04/20/2023 10:22 99

09/12/2022 09:53 98

General: A/Ox3, NAD, pleasant, calm & cooperative. Patient is very tearful.

He

appears sad.

HEENT: NC/AT, MMM's, oropharynx clear, nares patent, no discharge.

Neck: Supple, nml ROM.

CV: RRR, no MRG.

Lungs: BS=ilat, no wheezes, rales, or rhonchi.

Abd: Soft, NT/ND, nml BS's, no guarding/rebound.

Ext: MAEx4, no LE edema.

Skin: Nml color, dry, and warm.

Neuro: No focal deficits, strength & sensation grossly intact.

EKG: NSR@75 bpm, normal axis, no acute ST-T wave changes. Similar to prior EKGs

in CPRS on July 7, 2022.

LABORATORY VALUES:

Collection DT	Spec	WBC	HGB	HCT	MCV	MCHC	PLT
12/08/2021 12:53	BLOOD	6.7	15.8	48.0	90.4	32.9	360
08/20/2020 10:35	BLOOD	5.1	15.7	46.7	89.0	33.6	307

Collection DT	Spec	GLUCOSE	BUN	CREAT	NA	K	CL	CO2

01/19/2023 13:26 PLASMA 116 19 0.91 135 L 4.2 99 27
06/09/2022 12:07 PLASMA 115 19 1.00 137 5.3 H 105 28

Collection DT Spec ALT AST ALK PHO ALBUMIN T. BIL PROTEIN
01/19/2023 13:26 PLASM 18 17 57 4.5 0.9 7.6
12/08/2021 12:52 PLASM 26 24 60 4.9 H 0.8 7.7

SCL1 - UA

Collection DT Spec COLOR SP.GRAV UROBILI BILIRUB KETONES GLU Ur Prot
08/20/2020 10:35 URINE Amber 1.025 <0.2 L Negative Negative Negative
Negative

MIC - Microbiology
No data available

LAB RESULTS LAST 24 HRS - NONE FOUND

IMAGING:

09/22/2023 09:20

No data available

MEDS DISPENSED IN EMERGENCY DEPARTMENT: per orders

ED COURSE:

PCP added as additional signer to this note to assist with continuity of care.

14: 00 mental health has seen the patient and is recommending that he follow-up with outpatient psychotherapy. I strongly believe the patient needs to be started on an antidepressant until he sees a therapist. I will start him on a daily antidepressant and have him follow-up with mental health as outpatient. I

will also have him follow-up with his primary care physician as outpatient.

DIFFERENTIAL/Medical Decision Making:

r/o PNA, UTI, electrolyte abn, anemia, dehydration, MI, PE, depression

IMPRESSION/PROBLEM LIST:

- 1. Chest pain
2. Depression

ED PLAN/RECOMMENDATIONS:

- 1. Celexa 20 mg daily for depression.

2. Follow-up with therapist as outpatient.
3. Follow-up with your primary care physician in 1 week.
4. Return to ER for worsening symptoms.

NSAIDs

Discussed long term side effects of pain medications including effects on stomach, liver, kidneys, blood, bleeding, etc.

Patient understands, advised to use pain meds very judiciously and sparingly.

Tylenol/Acetaminophen containing products

Discussed possible long term side effects of medication use including effects on stomach, liver, kidneys, blood, bleeding, etc. Patient understands, advised that if so chooses to use this medication, to do so judiciously and sparingly, maximum 4g total dose per 24hrs.

Continue current medications.

Diabetic patients advised to monitor blood glucose at home as instructed.

Advised to monitor blood pressure at home.

Patient advised to call for any concerns, questions or symptoms.

Return to Emergency Department if symptoms worsen.

Follow up with Primary Care Provider (PCP) - pt to contact PCP in 1-2 days.

Return to ED if presenting signs/symptoms persist, worsen or otherwise concerned.

Treatment and plan discussed and agreed upon with the patient.

Disposition: Discharged home.

Condition: Improved, stable.

Referral to: Primary MD, pt will call for follow up.

Written Discharge Instructions provided to patient.

/es/ Anamika K. Doma, DO

Physician, Emergency Medicine

Signed: 09/22/2023 14:11

Receipt Acknowledged By:

09/22/2023 15:36 /es/ Kamalpreet Dulai, MD

Physician, Primary Care

09/22/2023 ADDENDUM STATUS: COMPLETED

14: 15 I will send patient home with Amlodipine 5 mg daily for his hypertension.

/es/ Anamika K. Doma, DO

Physician, Emergency Medicine

Signed: 09/22/2023 14:18

Date/Time: 22 Sep 2023 @ 0918

Note Title: Nursing Emergency Dept Triage

APPENDIX 516

Location:	No CA Healthcare Sys-Martinez
Signed By:	TORRES,CATHY CHI
Co-signed By:	TORRES,CATHY CHI
Date/Time Signed:	22 Sep 2023 @ 0923

Note

LOCAL TITLE: Nursing Emergency Dept Triage
STANDARD TITLE: NURSING EMERGENCY DEPARTMENT TRIAGE NOTE
DATE OF NOTE: SEP 22, 2023@09:18 ENTRY DATE: SEP 22, 2023@09:19:01
AUTHOR: TORRES,CATHY CHI EXP COSIGNER:
URGENCY: STATUS: COMPLETED

Emergency Department/Urgent Care Center Triage
Patient [REDACTED] Sex: MALE
On arrival patient was: AMBULATORY
Patient phone number: ([REDACTED] PHONE NUMBER [CELLULAR] - ([REDACTED]
Allergies: ERYTHROMYCIN, VICODIN, DARVOCET-N

Subjective/Chief Complaint:
Drove self to ED endorsing pectoral pain and neck pain that is thobbing and intermittent when he is stressed. Noted tingling and paleness when he get that way. Denies acute SOB/N/V/d/f/c.

Objective:
AAox4, speaking in full sentences. NAD. Ambulatory with steady gait. Skin is warm dry and normal in color. VSs stable for now. Roomed in ED 11. EKG done. The patient is not a fall risk.

Vital Signs:
Vitals Taken:
Temperature
98.9 F (37.2 C)
Pulse
74
Respirations
16
Blood Pressure
164/91
Pain scale recorded:
9
Pulse Oximetry 99 Room Air
Emergency Severity Index (ESI) level
Level 3

Current Medications:
Active Outpatient Medications (excluding Supplies):

Active Outpatient Medications	Status
-------------------------------	--------

- =====
- 1) ATORVASTATIN CALCIUM 40MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY FOR CHOLESTEROL (DO NOT TAKE WITH GRAPEFRUIT JUICE.) ACTIVE
 - 2) DICLOFENAC NA 1% TOP GEL APPLY 2 GRAMS TOPICALLY FOUR TIMES A DAY USE DOSING CARD PROVIDED TO MEASURE DOSE. DON'T EXCEED 16 GRAMS DAILY TO A JOINT OF THE LOWER BODY. DON'T EXCEED 8 GRAMS DAILY TO A JOINT OF THE UPPER BODY. DON'T EXCEED A TOTAL DOSE OF 32 GRAMS PER DAY. FOR PAIN AND INFLAMMATION ACTIVE

Active Non-VA Medications

Status

- =====
- 1) Non-VA CYANOCOBALAMIN TAB MOUTH ACTIVE

3 Total Medications

Current Problems:

Computerized Problem List is the source for the following:

1. Cough 09/30/20 BUCAYCAY,ELEANO
2. Knee pain 08/26/20 BUCAYCAY,ELEANO
3. Depressive episode 08/31/22 ESPINOSA,SONJA
4. General Anxiety 08/31/15 WEBER,DIANE ELL
5. Varicose veins of lower extremity (SNOMED CT 72866009) 08/04/14 TAYLOR,JEFFERY
6. Impaired Fasting Glucose (ICD-9-CM 790.21) 04/24/13 DOCTOR,FEDERICO
7. GERD * (ICD-9-CM 530.81) 04/24/13 DOCTOR,FEDERICO
8. DJD, Knee/Lower Leg 03/04/13 TAYLOR,JEFFERY
9. CMP INT ORT DEV/GFT NOS 03/04/13 TAYLOR,JEFFERY
10. Low Back Pain * (ICD-9-CM 724.2) 08/09/12 DOCTOR,FEDERICO
11. Hearing loss * (ICD-9-CM 389.9) 05/24/10 DOCTOR,FEDERICO
12. Hyperlipidemia 06/30/08 WOO,JOSEPH C
13. Pain in joint involving lower leg (ICD-9-CM 719.46) 06/27/08 WOO,JOSEPH C
14. Tear of lateral cartilage or meniscus of knee, current (ICD-9-CM 836.1) 06/27/08 WOO,JOSEPH C

Suicide Screen:

Columbia Suicide Severity Rating Scale (C-SSRS) screener

1. Over the past month, have you wished you were dead or wished you could go to sleep and not wake up?

No

2. Over the past month, have you had any actual thoughts of killing yourself?

No

3. Over the past month, have you been thinking about how you might do this?

Response not required due to responses to other questions.

4. Over the past month, have you had these thoughts and had some intention of acting on them?

Response not required due to responses to other questions.

5. Over the past month, have you started to work out or worked out the details of how to kill yourself?

Response not required due to responses to other questions.

6. If yes, at any time in the past month did you intend to carry out this plan?

Response not required due to responses to other questions.

7. In your lifetime, have you ever done anything, started to do anything, or prepared to do anything to end your life (for example, collected pills, obtained a gun, gave away valuables, went to the roof but didn't jump)?

No

8. If YES, was this within the past 3 months?

Response not required due to responses to other questions.

MENTAL STATUS:

Level Of Awareness: Alert

Oriented To: Person,place,date,situation.

Female of Child-bearing age (< 52 yo)?

NO

DOMESTIC VIOLENCE SCREEN

Are you living in a home where you have been hit, kicked, verbally or sexually threatened by someone recently?

No

SEPSIS SCREEN

Does the patient meet Two or more of the following parameters?

Temperature >100.4 F (38C) F or <96.8 F (36C)

Acute altered mental status GCS <15

Heart Rate >90 bpm

Respirations >20 bpm

WBC >12k or <4K (if known)

OR

Any one of the following:

SBP < 90 mmHg

SBP drop of 40mmHg from baseline

NO

The patient was asked if in the last 14 days they have had new onset of any COVID-19 symptoms. They report the following:

No symptoms

Within the past 14 days, the patient reports no exposure to someone with a febrile/respiratory illness or someone with a known or suspected case of COVID-19 (within 6 feet for > 15 minutes).

Result:

Screen is negative.

Weapons/Contraband Screening:

Do you have any of the following items with you?

Guns

Knives

Illegal drugs, including Marijuana

None

/es/ Cathy C. Torres, RN, BSN, CCRN

Nurse ED/SAC

Signed: 09/22/2023 09:23

Date/Time: 22 Sep 2023 @ 0859

Note Title: Reusable Medical Equipment Note

Location: No CA Healthcare Sys-Martinez

Signed By: SALGADO,SHELDON B

Co-signed By: SALGADO,SHELDON B

Date/Time Signed: 22 Sep 2023 @ 0906

Note

LOCAL TITLE: Reusable Medical Equipment Note

STANDARD TITLE: ADMINISTRATIVE NOTE

DATE OF NOTE: SEP 22, 2023@08:59 ENTRY DATE: SEP 22, 2023@09:00:07

AUTHOR: SALGADO,SHELDON B EXP COSIGNER:

URGENCY: STATUS: COMPLETED

REUSABLE MEDICAL EQUIPMENT TRACKING:

A procedure was done using an endoscope with the following serial number

[SCOPE 1]:

Serial#: 800999

/es/ Sheldon B. Salgado

Health Technician, Mather

Signed: 09/22/2023 09:06

Date/Time: 18 Aug 2023 @ 1148

Note Title: COMMUNITY CARE-CARE COORDINATION PLAN NOTE

Location: No CA Healthcare Sys-Martinez

Signed By: CARRAS,JENNIFER ANN

Co-signed By: CARRAS,JENNIFER ANN

Date/Time Signed: 18 Aug 2023 @ 1149

Note

LOCAL TITLE: COMMUNITY CARE-CARE COORDINATION PLAN NOTE

STANDARD TITLE: NONVA NOTE

DATE OF NOTE: AUG 18, 2023@11:48 ENTRY DATE: AUG 18, 2023@11:48:42

AUTHOR: CARRAS,JENNIFER ANN EXP COSIGNER:
URGENCY: STATUS: COMPLETED

Community Care Consult: Behavioral Health

Consult No: 612_5937974

HSRM Referral #: VA0031123341

Chief Complaint: Depression, unspecified(ICD-10-CM F32.A)

Patient Admitted? No

Level of Care Coordination

Moderate

Care Coordination was determined from:

Chart Review

Facility Community Care Office Contact

Care Coordination Point of Contact: Office of Community Care

Phone Number: 707-562-8430, opt 2

Services:

Basic Care Coordination Services

Direct communication to referring provider

Care management, if appropriate

Plan:

Assist PRN with communication between Community Care providers and the interdisciplinary VA team. Coordinate appropriate patient care along the continuum of the Community Care Consult.

/es/ JENNIFER ANN CARRAS

BSN, RN, Community Care, MCC

Signed: 08/18/2023 11:49

Date/Time: 14 Aug 2023 @ 1104

Note Title: MH Evidence Based Psychotherapy (EBP) Individual Note

Location: No CA Healthcare Sys-Martinez

Signed By: ROSBURG,ELIZA YUMIKO MAILE

Co-signed By: ROSBURG,ELIZA YUMIKO MAILE

Date/Time Signed: 18 Aug 2023 @ 0928

Note

LOCAL TITLE: MH Evidence Based Psychotherapy (EBP) Individual No

STANDARD TITLE: MENTAL HEALTH NOTE

DATE OF NOTE: AUG 14, 2023@11:04 ENTRY DATE: AUG 14, 2023@11:05:03

AUTHOR: ROSBURG,ELIZA YUMIK EXP COSIGNER:

URGENCY: STATUS: COMPLETED

ROSS, ROBERT ALLEN is a 63 year old MALE

Other Mental Health Providers, including Vet Center Staff:

[REDACTED] LCSW, MHTC

PURPOSE FOR SESSION:

Supportive therapy

TIME SPENT WITH PATIENT:

38-52 minutes (CPT: 90834)

INFORMED CONSENT

Patient's identity verified via name and DOB. Patient has been informed of limits of confidentiality and clinic policies including mandated reporting of abuse situations and confidentiality related to self/other harm. Patient provided informed consent for treatment including risks, benefits, and potential complications. Patient expressed understanding and agreed to voluntarily proceed with evaluation and/or treatment.

SUBJECTIVE CONTENT OF SESSION:

Veteran endorsing ongoing anxiety, anger and depression given continued legal stressors. Reported that his "basket is full" and distracts himself with working and "pleasing others." Stated that he was seen by his PCP last year, as he was experiencing physiological sx's (i.e. heart racing), completed "stress test," given heart monitor, etc., but stated no significant medical concerns were identified. Reported that he continues with traveling out of state to begin his shift, as a flight attendant and with marriage and parenting stress. Noted however, that this lawsuit remains his primary concern and believes is biggest contributor to his sx's. Veteran reporting that he belongs to a FB page, of which he responds to false accusations made against him and describes this to be "cathartic." Endorsed passive SI, "go to sleep and not wake up," but adamantly denies any behaviors, plan, or intent. Reported that he would never do anything to harm himself.

OBJECTIVE/INTERVENTION:

Met with Veteran today for supportive session. Focused on building rapport, offered active listening with reflective feedback. Provided some psychoeducation about anxiety (i.e. normal vs problematic), identifying coping skills, use of

stress management to manage mood, and discussed benefits. Veteran receptive and participatory. Assessed for safety. Veteran endorsing passive SI, but adamantly denying any behaviors, plan, or intent. Denies HI. Denies access to firearms.

Veteran is a 63y/o, AF, Male, who was initially referred by PCMHI as [REDACTED]. Veteran requested to return to the VA after receiving ind therapy by CC provider [REDACTED].

[REDACTED] and felt not a good fit. Veteran with comp assessment completed in 2015 and documented diagnosis of MDD and GAD. Veteran endorsing sx's of anxiety and depression and significant workplace and related legal stressors. Veteran requested EBP therapy with VA and informed of wait times at comp update appt (see CPRS), but today requesting to try CC again with preference to not be assigned previous clinician. This writer to notate request in consult and cancel [REDACTED].

active consult for ind EBP with VA. Discussed with Veteran that due to his changing work schedule, a CC provider may be the most suitable option vs engagement with VA provider for ind EBP. Veteran agreeable. Declines all other VA MH tx services at this time.

MENTAL STATUS EXAM

Appearance and Behavior: Veteran presented to appointment on time. Good eye contact. Casually dressed. Behavior congruent to situation. Appeared stated age.

Grooming and Hygiene: Good

Psychomotor Activity: Within normal limits

Demeanor: Cooperative, engaged

Speech: Normal in prosody, rate, and volume

Mood: anxious, some frustration, down

Affect: Full range, congruent with mood

Thought Process: Logical and linear

Thought content/Perceptual Disturbances: future focused, goal directed, No abnormal thought content; no evidence of obsessions, delusions, or paranoia/

Denied AVH; did not appear to be responding to internal stimuli

Cognition:

Orientation: Fully oriented

Memory: No issues reported or observed but not formally assessed

Attention: Within normal limits

Insight/Judgment: Good/good

VETERAN WAS PROVIDED WITH THE FOLLOWING CONTACT INFORMATION:

Advised of clinic contact: Name/Phone Number: Eliza Rosburg, LCSW [REDACTED]

[REDACTED] Provided contact and instructions Veterans Crisis Line: 1-800-273-8255, option #1 at the prompt, or dial 988, option #1 at the prompt, or text to 838255. Veteran aware of clinic hours, Access services for same day appt by phone or walkin, or visiting the nearest ED for a MH emergency. Veteran endorsed

passive SI, but adamantly denied any bxs, plan or intent. Denies hx of SA/SIB.

Denies HI. Does not appear to be an imminent risk to self or others. No acute distress. Is at LOW acute/ chronic risk. Risk factors: gender, mood sx's, legal problems, work and marital stress. Protective factors: responsibility as parent,

help seeking, desire to improve, denied access to firearms. Collective high confidence in the ability of the Veteran to independently maintain safety. Remains appropriate for outpatient care.

DIAGNOSIS:

Depression d/o, unspecified

Anxiety d/o, unspecified

PLAN

1. Veteran was familiarized with the BHIP model and EBPs to address treatment goals in 8-16 sessions. Veteran was offered individual therapy, which he accepted. Veteran was informed of the wait time at MCCL VA for a therapist and consult for community therapist was offered, which he accepted.
2. Veteran offered med eval and declined.
3. Veteran offered group therapy and Peer Support services and declined.
4. Veteran was encouraged to contact this provider if he needs support in the interim and/or resources.
5. Veteran informed of when and how to access routine and emergent mental health

care, as noted above and expressed understanding.

/es/ Eliza Yumiko Maile Rosburg, LCSW

Signed: 08/18/2023 09:28

Date/Time:	05 Jul 2023 @ 0830
Note Title:	MHTC Assignment/Reassignment Note
Location:	No CA Healthcare Sys-Martinez
Signed By:	ROSBURG,ELIZA YUMIKO MAILE
Co-signed By:	ROSBURG,ELIZA YUMIKO MAILE
Date/Time Signed:	07 Jul 2023 @ 1030

Note

LOCAL TITLE: MHTC Assignment/Reassignment Note
 STANDARD TITLE: MENTAL HEALTH ADMINISTRATIVE NOTE
 DATE OF NOTE: JUL 05, 2023@08:30 ENTRY DATE: JUL 06, 2023@09:15:07
 AUTHOR: ROSBURG,ELIZA YUMIK EXP COSIGNER:
 URGENCY: STATUS: COMPLETED

MHTC Initial Assignment

This note documents the initial assignment of the Veteran's Mental Health Treatment Coordinator (MHTC) on Jul 5, 2023. The Veteran's new Mental Health Treatment Coordinator is:

MHTC Name: [REDACTED] LCSW

MHTC Contact information:

Office Phone: 916-[REDACTED]

Other contact:

The assignment of the MHTC and education on the role of the MHTC in the Veteran's mental health care was discussed with the Veteran, who verbally concurred with the new assignment. The MHTC's contact information was provided to the Veteran.

The Veteran's CPRS chart (i.e., PCMM) and MH Treatment Plan have been updated to reflect the new MHTC Assignment. The Veteran's new MHTC, along with the previous MHTC if applicable, are included as additional signers on this note. The undersigned of this note is not the Veteran's new MHTC. The Veteran and/or Veteran's Family has had or is scheduled to have contact with the newly assigned MHTC: [REDACTED] LCSW .

/es/ Eliza Yumiko Maile Rosburg, LCSW

Signed: 07/07/2023 10:30

Receipt Acknowledged By:

07/10/2023 09:11 /es/ [REDACTED] LCSW #110035

Social Worker (BHIP)

07/12/2023 14:48 /es/ HELEN TERRY STALLWORTH

Program Support Assistant

Date/Time:	05 Jul 2023 @ 0758
Note Title:	MH COMPREHENSIVE ASSESSMENT UPDATE CONSULT
Location:	No CA Healthcare Sys-Martinez
Signed By:	ROSBURG, ELIZA YUMIKO MAILE
Co-signed By:	ROSBURG, ELIZA YUMIKO MAILE
Date/Time Signed:	07 Jul 2023 @ 1029

Note

LOCAL TITLE: MH COMPREHENSIVE ASSESSMENT UPDATE CONSULT

STANDARD TITLE: MENTAL HEALTH CONSULT

DATE OF NOTE: JUL 05, 2023@07:58 ENTRY DATE: JUL 05, 2023@07:58:18

AUTHOR: ROSBURG, ELIZA YUMIK EXP COSIGNER:

URGENCY: STATUS: COMPLETED

MENTAL HEALTH COMPREHENSIVE ASSESSMENT UPDATE CONSULT

The following assessment is an update to the Mental Health Comprehensive Assessment which was completed on the date shown below. Please refer to that initial assessment for historical data not subject to changing since that time.

The information in this assessment was obtained by the Veteran and their medical record.

Most recent MH Comprehensive Assessment

Information:

Computed Finding: VA-Progress Note

08/31/2015@13:19 value - MH COMPREHENSIVE ASSESSMENT; Author: WEBER,DIANE ELLA

DEMOGRAPHIC UPDATES:

Residential Address:

Phone: PHONE NUMBER [CELLULAR] - ([REDACTED])

- Permission to leave confidential message? Yes

Email: EMAIL ADDRESS - 1RROSS@COMCAST.NET

Emergency Contact Information

Contact: ROSS,KIMBERLY

Relationship: EXTENDED FAMILY MEMBER

Address: 4701 HAYLOFT COURT

EL DORADO HLS, CALIFORNIA 95762

Phone: (916)933-8088

Work Phone:

MODALITY OF VISIT: Face to Face

INFORMED CONSENT

Patient's identity verified via name and DOB. Patient has been informed of limits of confidentiality and clinic policies including mandated reporting of abuse situations and confidentiality related to self/other harm. Patient provided informed consent for treatment including risks, benefits, and potential

complications. Patient expressed understanding and agreed to voluntarily proceed with evaluation and/or treatment.

In your own words what led you to seeking mental health services?

Verified Veteran's identify via name and DOB. Confirmed Veteran's address and

phone number in CPRS. Veteran reporting significant stressors with family and work. Stated "last couple of years have been incredibly stress induced."

Described that he is not the same person he was, sharing mood to be angry, intolerant, and impatient, affecting his relationships at home and at work.

Reported feeling depressed as his career is not where he thought it would be

with regard to his age. Stated that he has two grown children (ages 19 and 21), in college whom he financially supports, and therefore, not in a position to make any changes career wise. Reported that he has been a flight attendant for the last 40 years, but has his pilot license. Noted that he has made sacrifices for his family, and beginning in Feb 2023, had to begin commuting to work to Dallas which has added "exponentially" to his stress level. Reported he is not

proud of who he has become. Stated that he is going through a lawsuit that began

in 2020, as he was "wrongfully accused" at work. Explained that he feels

disrespected as a result and shared how this has created in himself "insecurities" and described others to be "mean spirited."

Shared that he has

also served as president of the flight attendant union. Endorsed trouble with sleep onset and maintenance and mind racing. Reported having thoughts of going to sleep and not waking up, but adamantly denies any bxs, plan or intent. Denies hx of SA/SIB. Denies that he would ever do anything to harm himself, as it would hurt his family (wife and children) which he does not want to do.

Stated that he has lashed out in the past when angry, but denies ever wanting to

hurt anyone. Denied HI.

What is your goal for receiving mental health care?

Stated is seeking ind therapy with VA therapist, as prior CC provider was not a good fit for him.

EPISODES OF CARE

Psychiatric hospitalizations since the last assessment was completed?

Yes

Stated was hospitalized for 24hrs when he lived in Ft Worth, TX in 2019 due to anger. Stated that a situation happened in his family, but did not provide details. Endorsed SI at the time.

Any outpatient Mental Health care in the last 2 years?

Yes

2022 with CC therapist

RISK ASSESSMENT

Columbia Suicide Severity Rating Scale (C-SSRS) screener

1. Over the past month, have you wished you were dead or wished you could go to sleep and not wake up?

Yes

2. Over the past month, have you had any actual thoughts of killing yourself?

No

3. Over the past month, have you been thinking about how you might do this?

Response not required due to responses to other questions.